AF/28/2



Attorney Docket No.: 01CON272P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Fazelpour, S.					
IN RE APPLICATION OF: Fazelpour, S. SERIAL NO.: 10/025,438 FILED: December 19, 2001					
SERIAL NO.: 10/025,438 FILED: December 19, 2001 FOR: Method For Integrating Passives On-Die Utilizing Under Bump Metal And Related Structure					
IN RE APPLICATION OF: Fazelpour, S. SERIAL NO.: 10/025,438 FILED: December 19, 2001 FOR: Method For Integrating Passives On-Die Utilizing Under Bump Metal And Related Structure HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS Mail Stop AF, P.O. Box 1450, Alexandria, VA 22313-1450					
Sir:	Sir:				
Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.					
☑ No additional fee is required.					
☐ The fee has been calculated as shown below:					
☐ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE		
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$		
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$		
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$		
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$		
☐ TOTAL EXTENSION FEE \$					
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:					
Column 1 Column 2 Column 3					

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	32	MINUS **32	*=0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	*=0	x 84	x 42	\$
First presentation of multiple dependent claim			+ 280	+ 140	\$	

TOTAL FEE FOR EXTRA CLAIMS \$ _____

^{*} If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

^{**} If the number of Total Claims previously paid for is less than 20, write "20" in this space.

^{***} If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Ц	Total fee for Supplemental Information Disclosure Statement \$		
	Enclosed is the total fee of \$	(Payment by Credit Card, Form PTO-2038 Enclosed).	
	Please charge Deposit Account No. 50-0731 in the amount of \$		
X	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.		
Date: _	6/3/03	By: Michael Farjami, Reg. No. 38,135	
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Mail Stop AF, P.O. Box 1450, Alexandria, VA 22313-1450, on: 6/3/03	
Farjami 16148 S	Farjami, Esq. & Farjami LLP land Canyon CA 92618 84-4600	Signature Lori Llave Typed or Printed Name of Person Mailing Paper and/or Fee	